

**CITY OF WARWICK
APPLICATION FOR 2013-2014 SNOW PLOW SERVICES**

NAME _____ DATE _____

ADDRESS _____

SS# _____ OR FED. ID# _____

REGISTRATION# _____ *(ATTACH COPY OF REGISTRATION)*

YEAR, MAKE MODEL _____ GROSS WT (GVW) _____

VIN # _____

VALID INSPECTION STICKER? YES ☐ NO ☐

Has own plow? YES ☐ NO ☐ Plow Size _____

Has own chains? YES ☐ NO ☐ Has own hydraulic cylinders & pump? YES ☐ NO ☐

Has own frame? YES ☐ NO ☐ Emergency lights? YES ☐ NO ☐

Liability Insurance Co. _____

Coverage _____ License# _____

OWNER'S Signature _____

Telephone Numbers *(List in order of priority)*

1. # _____ Name _____

2. # _____ Name _____

3. # _____ Name _____

4. # _____ Name _____

5. TRUCK PHONE NO. _____

Where is truck garaged? (address) _____

Make checks payable to: _____

ADDRESS: _____

**INSURANCE BINDER PAGE IN THE AMOUNT OF \$1,000,000 WITH THE CITY OF WARWICK NAMED AS
AN ADDITIONAL INSURED MUST BE PRESENTED PRIOR TO PLOWING**

PLEASE SUBMIT INVOICE FOR PAYMENT - CHECKS WILL NOT BE RELEASED WITHOUT A SIGNATURE
AND COMPLETION OF PAPERWORK. CHECKS CAN BE PICKED UP AT 925 SANDY LANE

Fax Certificate of Insurance- Fax No. 732-5208
Any questions please call 738-2000 x 6500.

FOR OFFICE USE ONLY

NAME OF VENDOR

PLOW NO. _____

RATE _____

PARTS _____

Copy of Registration

Received By: _____ Date: _____

Certificate of Insurance

Received By: _____ Date: _____

AUTOMOTIVE APPROVAL

☺ Approved By: _____ DATE: _____

HIGHWAY APPROVAL

☺ Approved By: _____ DATE: _____
